



*Effective Substance Abuse and
Mental Health Programs
for Every Community*

Family Matters

Family Matters is a home-based program designed to prevent tobacco and alcohol use in children 12 to 14 years old. The program is delivered through four booklets mailed to the home and follow-up telephone calls to parents by health educators. The booklets contain readings and activities designed to get families to consider general family characteristics and family tobacco- and alcohol-use attitudes and characteristics that can influence adolescent substance use, including:

- Adult supervision and support
- Rule-setting and monitoring
- Family communication, attachment, and time together
- Education encouragement
- Family/adult substance use
- Substance availability
- Peer attitudes and media orientation toward substance use

Designed for use with any family in which at least one adult can read English, Family Matters requires a modest time effort from participants and is capable of broad dissemination by many types of organizations.

INTENDED POPULATION

Family Matters was designed for families with children 12 to 14 years old. It was implemented in a randomly selected sample of families throughout the United States. Families were included without considera-

Proven Results*

Adolescents in families that received Family Matters compared to controls were:

- 1.4 times less likely to have smoked cigarettes
- 1.3 times less likely to have used alcohol

In addition:

- 90% of program parents believed their child's potential for non-use of alcohol would be impacted by the program
- 96% of program parents believed their child's potential for non-use of tobacco would be impacted by the program

INTERVENTION

Universal

Selective

Indicated



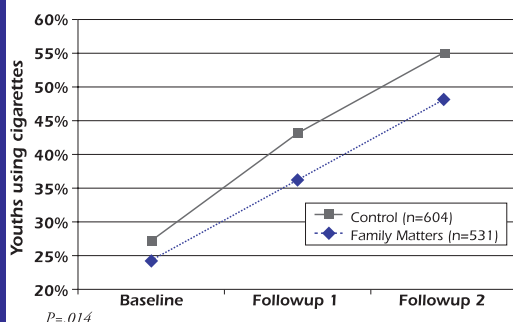
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

OUTCOMES

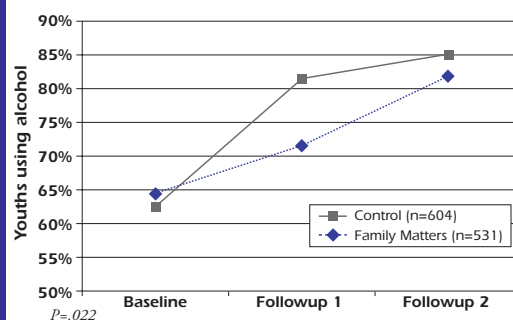
Program effects for the prevalence of adolescent cigarette and alcohol use are shown in Figures 1 and 2. For both substances, in the Family Matters group, adolescent use was significantly lower 3 and 12 months after the program, compared to the control group that did not receive the program. The differences in treatment and control group trends are statistically significant. The appropriate statistical values and the methodology underlying their computation is presented in *Prevention Science* 2003(1):35-42.

- In addition, program data showed that:
- 83% of families completed one or more program units
- 62% of families completed the entire program
- At least 90% of parents liked Family Matters' activities

Youths 12 to 14 years old reporting lifetime cigarette use: those receiving Family Matters and control group receiving no intervention



Youths 12 to 14 years old reporting lifetime alcohol use: those receiving Family Matters and control group receiving no intervention



tion of risk factors; i.e., adolescent or family member substance use or other characteristics. The sample included Asian, African American, Hispanic/Latino and White American families at all socioeconomic levels in urban and rural settings.

BENEFITS

- Reduces prevalence of adolescent tobacco and alcohol use
- Focuses adults on behaviors that can encourage adolescent substance use (e.g., adult smoking and alcohol use, lack of rule-setting and supervision)
- Prompts parent-child discussion of substance-use refusal skills
- Program delivery requires minimal time, which helps maximize completion rates

HOW IT WORKS

Four booklets are successively mailed home to parents along with token participation incentives (Family Matters-imprinted pencil, button, balloon, or magnet). After each mailing, health educators telephone parents to encourage them to complete the book and any included parent-child activities, and to answer questions. Each booklet contains information based on behavioral science theory and research and includes participant activities. The booklets, in order of delivery, are:

- *Why Families Matter*—describes the program and encourages participation
- *Helping Families Matter to Teens*—considers general family factors, such as communication skills and parenting styles that influence adolescent alcohol and tobacco use
- *Alcohol and Tobacco Rules are Family Matters*—focuses on behavior-specific factors that families can influence, including the availability of tobacco and alcohol in the home and family rules about child substance use
- *Non-Family Influences That Matter*—deals with non-family influences on adolescent substance use, such as friends who use and the media; it also reviews the main points of the program

The adolescent's mother or mother surrogate usually is the program contact. She is asked to participate in the program and to involve additional adult family members as well. In addition to reading the booklet, adult family members are asked to complete activities with the adolescent that practice key program content areas such as communication skills and rule setting. Some of the reading material and activities are for adult family

members only, while other parts of the program are for adult and adolescent family members. The health educators who conduct follow-up telephone calls after each mailing never interact directly with the adolescent as part of program delivery. Health educators can be culled from within the implementing organization or surrounding community (e.g., school nurse, teachers, college students, business professionals). Health care educators can be paid staff or volunteers.

IMPLEMENTATION ESSENTIALS

In order to achieve the outcomes cited by the program evaluation research, all four booklets must be used, along with trained health educators who conduct follow-up calls.

Participant names, addresses, and telephone numbers are required for program implementation and can be gathered through various organizations and entities such as schools, parent-teacher associations, civic and community organizations, boys and girls clubs, clinics, etc. (In the initial implementation, parent-child pairs were recruited through random digit dialing of telephone numbers.)

Materials

The four booklets and the *Health Educators Manual* used for training and guidance of health educators (which also includes health educator protocols for each unit) are available at <http://www.sph.unc.edu/familymatters/index.htm>.

Materials used by health educators to record responses and information gathered during each family phone call are also available. They include scripts and protocols for each unit and are used to guide the health educators' phone conversations with parents. The health educator utilizes additional provided forms to document other occurrences such as program dropout, incomplete activity, or changes in the parent contact.

Training and Technical Assistance

Health educators must have a college degree, receive 2 days of training, and continued supervision by a half-time program manager who is aided by a quarter-time assistant. Telephone access for the health educators is required. Training for health educators and supervisors is available through the program developer.

Timeline

A program delivery schedule is provided along with other program materials. One complete program cycle is scheduled to take 79 days. The first booklet

is mailed 24 days after an introductory letter is sent to parents; telephone contact is made 13 days after each booklet is mailed, and a new booklet is mailed the day after each phone call is completed.

PROGRAM BACKGROUND

University of North Carolina at Chapel Hill researchers began conceptualizing Family Matters in the late 1980s with the recognition that reducing adolescent tobacco and alcohol use were national priorities and that different types of universal programs would be required to have a national impact on the prevalence of adolescent substance use. While it is clear that family characteristics have a profound influence on children and their potential for adolescent drug use, the developers saw that universal family-directed programs rarely had been evaluated with a randomized experimental design and with adolescent drug use as the measured outcome. The developers set out to create a program that would—

- Make families the primary program target
- Place minimal demands on families so that participation would be maximized
- Be capable of widespread implementation without being dependent on a single type of organization.
- Have content that is firmly rooted to behavioral science theory and research findings

EVALUATION DESIGN

At baseline, parent-child pairs with a child age 12 to 14 were selected throughout the United States by random digit dialing and interviewed by telephone. They then were randomly allocated to either receive Family Matters or to serve as controls. Three and 12 months after the program was completed, followup telephone interviews were completed with 1,300 of the treatment and control parent-child pairs who were interviewed at baseline. Multivariate statistical analyses were conducted to assess program effects for self-reported adolescent cigarette smoking and alcohol use. Multivariate analyses also were conducted to examine the mechanisms through which program effects for behavior were expected to occur, to assess determinants of program participation, and to assess other program-related issues.

PROGRAM DEVELOPERS

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Susan T. Ennett, Ph.D.

Family Matters was developed and evaluated under the leadership of Dr. Karl E. Bauman, Dr. Vangie A. Foshee, and Dr. Susan T. Ennett, faculty members in the Department of Health Behavior and Health Education of The University of North Carolina at Chapel Hill School of Public Health. Dr. Bauman's research has been largely devoted to etiological studies of adolescent drug use and to the design and evaluation of programs to reduce health-risk behaviors. In addition to etiological research on adolescent tobacco use, Dr. Foshee's research has examined the determinants of adolescent dating violence and the design and evaluation of programs to reduce dating violence. Dr. Ennett's research has focused on the etiology of adolescent substance use and on the design and evaluation of programs to reduce adolescent substance use and other health-risk behaviors.

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services